Date

12-17-09

$Under the {\it Paperwork} \ Reduction Actof 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number of the persons are required to respond to a collection of the persons are required to respond to a collection of the persons are required to the pers$
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Fees nursuant to the Cor	nsolidated Appro	poriations Act 2005 (H	R 4818)	Complete if Known					
FEE TRANSMITTAL		Ap	Application Number 09/488,578						
		Fili	ng Date	January 21, 2000					
for FY 2007		Fir	st Named Inventor	Robert J. Snyder et al.					
Applicant claims small entity status. See 37 CFR 1.27		1.07	aminer Name	Ba Huynh					
			Art	Unit	2179				
TOTAL AMOUNT OF PAYMENT		(\$) 2160	Att	orney Docket No.	PU040186 CIP1				
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):									
Deposit Account	Deposit Acco	ount Number: <u>07-083</u>	<u>32</u>	Deposit Acco	ount Name: THO	MSON LIC	ENSING LLC		
For the abov	e-identified de	eposit account, the [Director is here	by authorized to:	(check all that ap	ply)			
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authoriz			can cara mion	iadon onodia not s	e moradea en ano				
FEE CALCULATIO	N								
1. BASIC FILING,		ND EXAMINATION							
	FILING	G FEES Small Entity	SEAR	CH FEES Small Entit	EXAMINA V	ATION FI Small En			
Application Type	<u>e Fee (\$</u>		Fee(\$)		Fee(\$)	Fee(\$			
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity									
Fee Description						<u>Fee</u>	(\$) Fee (\$)		
Each claim over 20						50			
Each independent claim over 3 (including Reissues)						210	105		
Multiple dependen		Claime For	مر د) ا	Ego Baid (\$)		370	185 tiple Dependent Claims		
<u>Total Claims</u> -20 or		<u>Claims</u> Fee	<u>e(\$)</u> <u> </u>	ee Paid (\$)			tiple Dependent Claims ee (\$) Fee Paid (\$)		
			=			<u> </u>	ree raid (\$)		
Indep. Claims		s paid for, if greater than Claims Fee	_	ee Paid (\$)					
Indep. Claims									
		^ nt claims paid for, if gr	eater than 3.						
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 for (no small entity discount)									
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition to Revive Unintentionally (\$1620); Appeal Brief (\$540) 2160							<u>2160</u>		
Tenton to Nevive Connectionary (\$1020), Appear Diret (\$570)									
SUBMITTED BY									
				Registration No.		Те	lephone		
Signature	/Robert B. Levy/			(Attorney/Agent)	28,234	(60	09) 734-6820		

Signature Name (Print/Type)

Robert B. Levy